SYSTEM OF ABCHITECTURE FOR SECURE WAIL TRANSPORT AND DEFIFIABLE DELIVERY. OR ABARATUS FOR MAIL SECURITY

Pto/s8/05 (4/98)
Please type a plus sign (+) inside this box

Approved for use through 09/30/2000. OMB 0551-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

Attomey Docket No.

First Inventor or Application Identifier W. Stephen G. Mann

Title

Unity for new i	nonprovision	nal applications under 37 C.F.	H. § 1.53(6)) Expres	S Mail Lau	er ivo.			ノ	
		TION ELEMENTS concerning utility patent applica	ation contents.	ADD	DRESS TO			PT0	
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Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)									
Name	W. S1	tephen G. Mann							
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City	Toronto State			Ontario	`	Zip Code	M5S 3B8		
Country	Canac		Telephone		, 346-338	··	(416) 971-2326		
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SYSTEM BE ARCHITECTULE FOR SECULE MAIL TRANSPORT AND VERIFIARIE DELIVERY, OR APPARATUS FOR MAIL SECURITY

FEE TRANSMITTAL

PTO/SB/17 (6/99)

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Complete if Known

	- 1	Application Number			h				
for FY 1999	1	Filing Date			August 27, 2001				
Palent fees are subject to annual revision.		First Named Inventor				G. Mann	···		
Small Entity payments must be supported by a small entity states otherwise large entity fees must be paid. See Forms PTOISBIOS		Examiner Name							
See 37 C.F.R. §§ 1.27 and 1.28.		Group / Art Unit							
TOTAL AMOUNT OF PAYMENT (\$) 49子	Attorney Docket No.				No.				
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)								
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	Large	3. ADDITIONAL FEES Large Entity Small Entity							
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2. EXTRA CLAIM FEES Fee from	1	1,210	242		,	ssue fee (d	or reissue)		
Extra Claims below Fee Paid	143	430	243		•	rissue fee			
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Claims	123	50	123	50					
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104 260 204 130 Multiple dependent claim, if not paid	149	760	249	380	For ea	ch addition ned (37 CF	al invention R § 1.129(b)	to be	
109 78 209 39 ** Reissue independent claims over onginal patent	Other	fee (sp	ecify)					, 	
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SUBTOTAL (2) (\$) 1) 7 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)									
SUBMITTED BY Complete (# applicable)									
Name (PrintType) W. Stephen G. Mann		Registi (Attorne					Telephone	(416)	946~3387
Signature Spellylym		,	,				Date		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
C. COMM									

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